

## *In Response*

### A Reply to Clark Regarding Auditory Hallucinations

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Apparently, Clark (1984) viewed our approach to auditory hallucinations as "misguided," perhaps because of our failure to give a fairly extensive list of factors to determine whether auditory hallucinations should be so labeled (Burns, Heiby, & Tharp, 1983). We plead guilty to the charge of not defining these phenomena as exhaustively as many may wish. The topic is a huge one and we could have filled the space provided with a taxonomy of definitions alone. Instead, we devoted our time to a theory for the onset of auditory hallucinations that we think may lead to the control of at least some instances of these frequently very disruptive behaviors. Indeed, recent research, as well as research that has come to our attention since we submitted our 1983 paper, would seem to support our general theme—that of using competing behaviors to interfere with auditory hallucinations.

For example, Feder (1982) used radio headphones in the successful treatment of auditory hallucinations; Magen (1983) and Mallya and Shen (1983) similarly used radios to reduce hallucinations. Moreover, as Mallya and Shen (1983) pointed out:

At our hospital we have also observed many chronically psychotic patients listening to portable radios, holding them very close to their ears. We wonder whether they are truly interested in the content of the radio broadcasts or, rather, simply trying to eliminate disturbing hallucinations (p. 1265).

Our interpretation of the success of this approach, and that of Fonagy and Slade

(1982) and of Margo, Hemsley, and Slade (1981), is that the auditory stimuli evoke echoic behaviors incompatible with auditory hallucinations or simply drown out the nonverbal stimuli which evoke the voices (Fonagy & Slade, 1982).

Relatedly, James's (1983) article describes a treatment program he found effective with two patients:

... Whenever hallucinations occur, patients are taught to say "stop" and to name things in the immediate environment, the emphasis being on loudness and speed of naming. This is later extended into a variety of settings in which the patient is taught to say "stop" and name things relevant to the ongoing activity, continuing that activity after the last thing named. At this stage, saying "stop" and naming is done silently; later pointing is faded out. (p. 515)

This approach is similar to that recently used by one of the authors of this article (Burns) who, in working somewhat informally with a client suffering from auditory hallucinations, had him count the duration of his auditory hallucinations on a daily basis, thereby getting a measure of both their duration and frequency. The counting itself was incompatible with the hallucinations. Even more incompatible, of course, would be counting backwards from 100 and recording how far one had counted before the hallucinations vanished, even counting several numbers beyond the offset of the hallucinations. (A reader may wish to attempt to count while thinking of a tune to partially recreate the incompatibility of counting and the intrusive behavior of auditory hallucinations.)

Based on the above articles, on discussions with other mental health workers, and on our own experiences, the approach of using incompatible behaviors to relieve undesirable auditory hallucinations

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The authors appreciate the opportunity to respond to Clark's criticism. Correspondence and requests for reprints should be addressed to Caleb Burns, 3033 NE Broadway, Portland, OR 97232. Phone: 503-281-2878.

nations certainly seems worth pursuing. If some cases of auditory hallucinations can be shown to be amenable to treatment by counting or by listening to radio programs, we believe many people would avail themselves of such techniques and much of the anguish and disruption caused by these disruptive phenomena would be eliminated.

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